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ECY 040-1-14 Rev. 9/95 F

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ¾ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Okanogan travel North on Highway 97 approximately one (1) mile. Property is adjacent to Highway 97, lying East of Highway 97.

Section 10. REQUIRED MAP

Applicant (or authorized representative)

Landowner for place of use (if same as applicant, write "same")

A. Attach a map of the project. (See instructions.) See attached.

Section 11. PROPERTY OWNERSHIP

6)						·	
· .	Does the applicant ow If no, submit a copy of		ne water source is located?		-	₩ YES	□ NO
					1961		
rder nd r	to process my applicat nonitoring purposes. E	ion, I grant staff from Even though I may ha	ccurate to the best of my m the Department of Ecol we been assisted in the pr responsibility for the accu	logy access teparation of	to the site f the abov	for inspe	ction tion by

Date

Date

Sec	tion 5. GENERAL WATER SYSTE	M INFORMATION	
Α.	Name of system, if named: Unnar	med	
B.	Briefly describe your proposed water system.	(See instructions.)	
*	A 15-horsepower irrigation pump will A 5-horsepower pump will be used to industrial use.		
			*
C.	Do you already have any water rights or claim PROVIDE DOCUMENTATION. See attached Water Right Cla.		Ø YES □ NO
	ction 6. DOMESTIC / PUBLIC WA' completed for all domestic/public supply		MATION
A.	Number of "connections" requested: up to 4	Type of connection homes	
B.	Are you within the area of an approved water	(Homes, Apartment, system?	☐ YES XX NO
	If yes, explain why you are unable to connect your County Health Department.	to the system. Note: Regional water system	s are identified by
Con	plete C. and D. only if the proposed w	vater system will have fifteen or mo	ore connections.
C.	Do you have a current water system plan appro	roved by the	
	Washington State Department of Health? If yes, when was it approved?	Please attach the current approved versi	\square YES \square NO on of your plan.
D		*	□ YES □ NO
D.	Do you have an approved conservation plan? If yes, when was it approved?	Please attach the current approved versi	
	ction 7. IRRIGATION/AGRICULTU Complete for all irrigation and agriculti		
Α.	Total number of acres to be irrigated:30		
B.	List total number of acres for other specified a	agricultural uses:	
	Use growing crops Acres	s30	
	Use Acres	8	
	UseAcres	S	
C.	Total number of acres to be covered by this ap	oplication: 30	
D.	Family Farm Act (Initiative Measure Number Add up the acreage in which you have a control	olling interest, including only:	
	‡ Acreage irrigated under water rights‡ Acreage proposed to be irrigated under		
	‡ Acreage proposed to be irrigated und	The state of the s	
	1. Is the combined acreage greater than 2	2000 acres?	□ YES ¾ NO
	2. Do you have a controlling interest in a		□ YES X NO
E.	Farm uses: Stockwater - Total # of animals 10-20	Animal type horses/cattleIf dairy cat	tle, see below)
	Dairy - # Milking # Non-milking	g	

sed" as set out in claim.		and supplemental to "amou
We are returning your application for the fo	llowing reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, W. 98509-5128
	is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, W. 98509-5128
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Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).